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**REQUEST FOR WITHDRAWAL  
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Application Number	10/040,210
Filing Date	05/06/2002
First Named Inventor	Kiyoko AOKI
Art Unit	
Examiner Name	
Attorney Docket Number	016472-0311712

**To: Commissioner for Patents****P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- all the attorneys/agents of record.  
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1.  The correspondence address is NOT affected by this withdrawal.  
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**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Dr. Soheil Shams			
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**NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.**

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